

Rec'd PCT/PTO 12 JUL 2004

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

18/501568

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) ANTT/ P27755PC

Box No. I TITLE OF INVENTION CANCER TREATMENT	
Box No. II APPLICANT	<input type="checkbox"/> This person is also inventor
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Antisoma plc West Africa House Hanger Lane Ealing London W5 3QR United Kingdom	
State (that is, country) of nationality: GB	State (that is, country) of residence: GB
This person is applicant for the purposes of:	<input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Rowlinson-Busza, Gail Antisoma Research Laboratories St. George's Hospital Medical School Cranmer Terrace London SW17 0QS United Kingdom	
This person is applicant for the purposes of: <input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	<input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: GB	State (that is, country) of residence: GB
This person is applicant for the purposes of:	<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Thomas, Philip J D Eric Potter Clarkson Park View House 58 The Ropewalk Nottingham NG1 5DD England	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)
- EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> GM Gambia	<input checked="" type="checkbox"/> NZ New Zealand
<input checked="" type="checkbox"/> AG Antigua and Barbuda	<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> OM Oman
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> PH Philippines
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> PL Poland
<input checked="" type="checkbox"/> AT Austria	<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> JP Japan
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> KR Republic of Korea	<input checked="" type="checkbox"/> SI Slovenia
<input checked="" type="checkbox"/> BZ Belize	<input checked="" type="checkbox"/> KZ Kazakhstan	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> LC Saint Lucia	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> LK Sri Lanka	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> LR Liberia	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> CO Colombia	<input checked="" type="checkbox"/> LS Lesotho	<input checked="" type="checkbox"/> TN Tunisia
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> LT Lithuania	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> LU Luxembourg	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> LV Latvia
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> MA Morocco	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> MD Republic of Moldova	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> DZ Algeria	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> EC Ecuador	<input checked="" type="checkbox"/> MG Madagascar
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> MN Mongolia	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> MW Malawi	<input checked="" type="checkbox"/> YU Yugoslavia
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> MX Mexico	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> MZ Mozambique	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> NO Norway	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> GH Ghana

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

<input checked="" type="checkbox"/> VC St Vincent and Grenadines	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> SC Seychelles	<input checked="" type="checkbox"/>

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)

Box No. VI PRIORITY CLAIM:

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:*	international application: receiving Office
item (1) 12 January 2002	0200657.5	GB		
item (2)				
item (3)				
item (4)				
item (5)				

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

all items item (1) item (2) item (3) item (4) item (5) Other, see
Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/.....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)	Number	Country (or regional Office)
11/07/2002	0200657.5	GB

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) the following number of sheets in paper form:				
request (including declaration sheets)	: 4	1. <input type="checkbox"/> fee calculation sheet	:	
description (excluding sequence listing part)	: 18	2. <input type="checkbox"/> original separate power of attorney	:	
claims	: 4	3. <input type="checkbox"/> original general power of attorney	:	
abstract	: 1	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:	
drawings	: 2	5. <input type="checkbox"/> statement explaining lack of signature	:	
Sub-total number of sheets:	: 29	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:	
Sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below)	: 0	7. <input type="checkbox"/> translation of international application into (language):	:	
Total number of sheets:	: 29	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	
(b) Sequence listing part of description filed in computer readable form		9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	:	
(i) <input type="checkbox"/> only (under Section 801(a)(i))		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:	
(ii) <input type="checkbox"/>		(ii) <input type="checkbox"/> (only when check-box (b)(i) or (b) (ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mention in the left column	:	
Figure of the drawings which should accompany the abstract:	1	10. <input checked="" type="checkbox"/> Other (specify):Earlier Search GB0200657.5.....	:	
Language of filing of the international application:		English		

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Philip J D Thomas

1. Date of actual receipt of the purported international application:		For receiving Office use only		2. Drawings	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:				<input type="checkbox"/> received: <input type="checkbox"/> not received:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):					
5. International Searching Authority ISA / (if two or more are competent):		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid			

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Date of receipt of the record copy by the international Bureau:

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FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's file reference	ANTT / P27755PC
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Date stamp of the receiving Office

Applicant
Antisoma plc

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 55 T
2. SEARCH FEE 592 S

International search to be carried out by _____

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets } 29

Where item (b) of Box No. IX does not apply, enter Total number of sheets

b1 First 30 sheets 278 b1

b2 0 x 6 = 0 b2
number of sheets
in excess of 30

b3 additional component (only if sequence listing part of description
is filed in computer readable form under section 801(a)(i), or
both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = b3
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B 278 B

Designation Fees

The international application contains 95 designations.

5 60 300 D
number of designation fees amount of designation fee
payable (maximum 5)

Add amounts entered in B and D and enter total at I 578 I

(Applicants from certain States are entitled to a reduction of 75% of the
international fee. Where the applicant is (or all applicants are) so entitled the total
to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 22 P

5. TOTAL FEES PAYABLE 1247

Add amounts entered at T, S, I and P and enter total in the TOTAL box

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

- Authorization to charge
deposit account (see below) postal money order cash coupons
 cheque bank draft revenue stamps other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Receiving Office: RO/ _____

Authorization to charge the total fees indicated above.

Deposit Account No. : _____

(This check-box may be marked only if the conditions for deposit accounts of the
receiving Office so permit) Authorization to charge any deficiency or credit any
overpayment in the total fees indicated above.

Date: _____

Authorization to charge the fee for priority document.

Name: _____

Signature: _____